

Disaster Search Canine Readiness Evaluation

Application for Evaluation

Testing Level (Please circle one):

Type II

Type I

Test Date:

Test Location:

Applicant's Personal Information

Name:

Training Unit or Task Force:

Address:

City:

State:

ZIP Code:

Home Phone:

Pager:

Work Phone:

FAX:

E-mail address:

Emer. Contact:

Relationship

Address:

Home Phone:

Pager:

Work Phone:

Physical Data: (Please list any physical limitations, which may affect your participation in the process).

Canine Information

Canine's name:

DOB:

Weight:

Height at
withers:

Breed/Markings:

If Testing for Type I Certification, please provide the following information:

Sponsoring Unit or Task Force:

Date of Type II Certification:

Lead Evaluator / Incident Commander:

Location:

Canine Immunizations

Type	Date	Type	Date
Rabies		Parvo	
Distemper		Heartworm	
Hepatitis		Bordetella	
Leptospiroses		Other:	

My dog and I are physically sound and are currently under no restrictions. I understand and accept that the decisions of the evaluators are final and binding.

Applicant's Signature:

Date:

Do you want your name listed on the Disaster Dog Website? Y N

Do you want your contact information listed on the National Roster? Y N

The applicant hereby affirms that s/he will participate in the FEMA Canine Program in a honest and professional manner.

The applicant hereby affirms that s/he understands that physical abuse of the canine is not permitted at any time.

The applicant hereby affirms that s/he has read, understands and will abide by the FEMA/US&R Code of Conduct.

The applicant hereby affirms that s/he understands that violation of said Code of Conduct may result in loss of certifications, loss of evaluator status and/or referral to the appropriate authorities.

Applicant Signature:

Date:

Type II

Type I

The above team is in compliance with the FEMA policy on aggression, has successfully completed the Type II written test, successfully completed a TF administered Type II assessment evaluation and is approved to participate in this evaluation.

The above team is in compliance with the FEMA Policy on Aggression and is considered ready to participate in this evaluation.

The Task Force Leader/Search Team Manager or equivalent attests to involvement with US&R canine units and recommends the applicant for evaluation.

Task Force Leader Signature:

Search Team Manager Signature:

Printed name:

Printed name:

Date:

Date:

Address:

Address:

City: ST: Zip:

City: ST: Zip:

E-mail:

E-mail:

Phone:

Phone: